

# HOUSE BILL 450

C3, J3

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CF SB 514

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By: **Delegates Hubbard and Hammen**  
Introduced and read first time: February 4, 2011  
Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 2, 2011

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Maryland Community Health Resources Commission – Health Care Reform –**  
3 **Safety Net Providers**

4 FOR the purpose of authorizing the Maryland Community Health Resources  
5 Commission to provide certain assistance to safety net providers in preparing to  
6 implement certain health care reform; authorizing the Commission to examine  
7 certain issues and potential challenges for safety net providers in preparing to  
8 implement certain health care reform; requiring the Commission to develop a  
9 certain business plan for the provision by the State of certain assistance to  
10 safety net providers; requiring the Commission to make certain  
11 recommendations to the Governor and certain committees of the General  
12 Assembly on or before a certain date; altering a certain definition; defining  
13 certain terms; and generally relating to the Maryland Community Health  
14 Resources Commission and the implementation of health care reform by safety  
15 net providers.

16 BY repealing and reenacting, with amendments,  
17 Article – Health – General  
18 Section 19–2101 and 19–2107(a)  
19 Annotated Code of Maryland  
20 (2009 Replacement Volume and 2010 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
22 MARYLAND, That the Laws of Maryland read as follows:

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### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 **Article – Health – General**

2 19–2101.

3 (a) In this subtitle the following words have the meanings indicated.

4 **(B) “AFFORDABLE CARE ACT” MEANS THE FEDERAL PATIENT**  
5 **PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY THE FEDERAL**  
6 **HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010, AND ANY**  
7 **REGULATIONS ADOPTED OR GUIDANCE ISSUED UNDER THE ACTS.**

8 **[(b)] (C)** “Commission” means the Maryland Community Health Resources  
9 Commission.

10 **[(c)] (D)** (1) “Community health resource” means a nonprofit or for profit  
11 health care center or program that offers the primary health care services required by  
12 the Commission under § 19–2109(a)(2) of this subtitle to an individual on a sliding  
13 scale fee schedule and without regard to an individual’s ability to pay.

14 (2) “Community health resource” includes:

15 (i) A federally qualified health center;

16 (ii) A federally qualified health center “look–alike”;

17 (iii) A community health center;

18 (iv) A migrant health center;

19 (v) A health care program for the homeless;

20 (vi) A primary care program for a public housing project;

21 (vii) A local nonprofit and community–owned health care  
22 program;

23 (viii) A school–based health center;

24 (ix) A teaching clinic;

25 (x) A wellmobile;

26 (xi) A health center controlled operating network;

27 (xii) A historic Maryland primary care provider;

1 (xiii) An outpatient [mental health clinic] **BEHAVIORAL HEALTH**  
2 **PROGRAM; and**

3 (xiv) Any other center or program identified by the Commission  
4 as a community health resource.

5 **(E) “SAFETY NET PROVIDER” MEANS A PROVIDER THAT DELIVERS A**  
6 **SIGNIFICANT LEVEL OF HEALTH CARE TO THE UNINSURED, ENROLLEES IN THE**  
7 **MEDICAL ASSISTANCE PROGRAM, OR OTHER VULNERABLE PATIENTS.**

8 19–2107.

9 (a) In addition to the powers set forth elsewhere in this subtitle, the  
10 Commission may:

11 (1) Adopt regulations to carry out the provisions of this subtitle;

12 (2) Create committees from among its members;

13 (3) Appoint advisory committees, which may include individuals and  
14 representatives of interested public or private organizations;

15 (4) Apply for and accept any funds, property, or services from any  
16 person or government agency;

17 (5) Make agreements with a grantor or payor of funds, property, or  
18 services, including an agreement to make any study, plan, demonstration, or project;

19 (6) Publish and give out any information that relates to expanding  
20 access to health care through community health resources that is considered desirable  
21 in the public interest; [and]

22 (7) Subject to the limitations of this subtitle, exercise any other power  
23 that is reasonably necessary to carry out the purposes of this subtitle; **AND**

24 **(8) ASSIST SAFETY NET PROVIDERS IN PREPARING TO**  
25 **IMPLEMENT THE AFFORDABLE CARE ACT.**

26 SECTION 2. AND BE IT FURTHER ENACTED, That:

27 (a) In this section, “Affordable Care Act” and “safety net provider” have the  
28 meanings stated in § 19–2101 of the Health – General Article, as enacted by Section 1  
29 of this Act.

30 (b) The Maryland Community Health Resources Commission shall:

1 (1) examine issues and potential challenges for safety net providers in  
2 preparing to implement health care reform associated with the Affordable Care Act,  
3 including:

4 (i) the administrative infrastructure and information  
5 technology capacity of safety net providers and any barriers to safety net providers  
6 achieving meaningful use of the information technology;

7 (ii) whether common administrative and information technology  
8 systems and technical assistance would help safety net providers in contracting with  
9 managed care organizations and commercial insurers;

10 (iii) opportunities for safety net providers to partner to achieve  
11 efficient administrative economies of scale;

12 (iv) ~~methods to assist safety net providers to obtain~~  
13 ~~reimbursement from~~ barriers to safety net providers contracting with and billing  
14 third-party payors;

15 (v) assistance in positioning safety net providers to obtain  
16 resources available under health care reform; and

17 (vi) barriers that may impede safety net providers from  
18 sustaining their service delivery; and

19 (2) develop a business plan for the State to provide ongoing assistance  
20 to safety net providers to assist the providers in:

21 ~~(i) obtaining reimbursement from third-party payors; and~~

22 ~~(ii)~~ sustaining and enhancing their service delivery.

23 (c) On or before January 1, 2012, the Maryland Community Health  
24 Resources Commission shall make recommendations for a plan to assist safety net  
25 providers in implementing health care reform associated with the Affordable Care Act  
26 to the Governor and, in accordance with § 2-1246 of the State Government Article, the  
27 Senate Finance Committee and the House Health and Government Operations  
28 Committee.

29 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
30 July 1, 2011.